
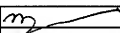


AMENDMENT TRANSMITTAL LETTER			Docket No. 2585-0126PUS1		
Application No. 10/538,277-Conf. #9420	Filing Date June 10, 2005	Examiner Z. Vakili	Art Unit 1614		
Applicant(s): Claudia Angelica SOTO PEREDO					
PHARMACEUTICAL COMPOUND CONTAINING SILYMARIN AND CARBOPOL, ITS MANUFACTURING PROCESS AND ITS USE AS A REGENERATOR OF THE PANCREATIC TISSUE AND CELLS OF ENDOGENOUS SECRETION DAMAGED BY DIABETES MELLITUS					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 29 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					370.00
Other fee (please specify): Extension for response within third month					1,050.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,420.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,420.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mary Anne Armstrong, Ph.D. Attorney Reg. No.: 40,069			Dated: <u>December 18, 2007</u>		
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

<p><i>Effective on 12/08/2004.</i> FEE TRANSMITTAL For FY 2008</p>		<p>Complete if Known</p>	
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Application Number: 10/538,277-Conf. #9420</p>	
<p>TOTAL AMOUNT OF PAYMENT (\$) 1,420.00</p>		<p>Filing Date: June 10, 2005</p>	
<p>TOTAL AMOUNT OF PAYMENT (\$) 1,420.00</p>		<p>First Named Inventor: Claudia Angelica SOTO PEREDO</p>	
<p>TOTAL AMOUNT OF PAYMENT (\$) 1,420.00</p>		<p>Examiner Name: Z. Vakili</p>	
<p>TOTAL AMOUNT OF PAYMENT (\$) 1,420.00</p>		<p>Art Unit: 1614</p>	
<p>TOTAL AMOUNT OF PAYMENT (\$) 1,420.00</p>		<p>Attorney Docket No.: 2585-0126PUS1</p>	

<p>METHOD OF PAYMENT (check all that apply)</p>	
<p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): _____</p>	<p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP</p>
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p>	
<p><input checked="" type="checkbox"/> Charge fee(s) indicated below</p>	<p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p>
<p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17</p>	<p><input checked="" type="checkbox"/> Credit any overpayments</p>

<p>FEE CALCULATION</p>							
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p>							
	<p>FILING FEES</p>		<p>SEARCH FEES</p>		<p>EXAMINATION FEES</p>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Application Type							
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							<u>Small Entity</u>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							210 105
Multiple dependent claims							370 185
<p><u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u></p>		<p><u>27</u> - <u>23</u> = <u>0</u> x <u>50.00</u> = <u>0.00</u></p>		<p><u>Multiple Dependent Claims</u></p>		<p><u>Fee (\$)</u> <u>Fee Paid (\$)</u></p>	
<p>HP = highest number of total claims paid for, if greater than 20.</p>		<p><u>370.00</u> <u>370.00</u></p>					
<p><u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u></p>		<p><u>2</u> - <u>3</u> = <u>0</u> x <u>210.00</u> = <u>0.00</u></p>					
<p>HP = highest number of independent claims paid for, if greater than 3.</p>							
<p>3. APPLICATION SIZE FEE</p>							
<p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>							
<p><u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u></p>		<p><u>_____</u> - <u>100</u> = <u>_____</u> / <u>50</u> = <u>_____</u> (round up to a whole number) x <u>_____</u> = <u>_____</u></p>					
							<u>Fees Paid (\$)</u>
<p>4. OTHER FEE(S)</p>							
<p>Non-English Specification, \$130 fee (no small entity discount)</p>							
<p>Other (e.g., late filing surcharge): 1253 Extension for response within third month</p>							1,050.00

Signature: 	Registration No. (Attorney/Agent): 40,069	Telephone: (703) 205-8000
Name (Print/Type): MaryAnne Armstrong, Ph.D.	Date: December 18, 2007	